



American Red Cross
Silicon Valley Chapter

**Disaster Committee Application 2017 -
DEADLINE SEPTEMBER 24 BY MIDNIGHT**

**Meetings: Every other Saturday at 10 a.m., in the Youth Services Room at the
Silicon Valley Red Cross Chapter**

Name: _____ Female ☐ Male ☐
 First MI Last

Address: _____
 Street City, State, Zip Code

Home Phone: () _____ Cell: () _____

Birth Date: ____/____/____ Email Address: _____

School Name: _____ Grade: _____ Age: _____

Mother ☐ Father ☐ Guardian ☐

Name: _____ Home Phone: () _____

Address: _____
 Street + Apt. # City, State, Zip Code

Occupation: _____ Work Phone: () _____

Mother ☐ Father ☐ Guardian ☐

Name: _____ Home Phone: () _____

Address: _____
 Street + Apt. # City, State, Zip Code

Occupation: _____ Work Phone: () _____

SHORT ANSWER QUESTIONS

Please describe any activities you have done with your school or during your spare time.
(i.e. sports, student council, band, work, volunteering, clubs, etc.)

Have you ever performed community service or volunteer work? If so, where, when and what?

Why do you want to join the Disaster Committee? What do you think you can contribute?

SIGNATURES

All applications must be signed by you and by your parent/guardian.

Applicant's Signature

Date

Parent/Guardian Signature

Date